

Catawba County Government

Public Health

155.40 FTEs

\$11,990,062

Administration

11.60 FTEs

\$1,166,912

Home Health

25.20 FTEs

\$2,627,559

Environmental Health

14.00 FTEs

\$948,810

Maternal Health

11.75 FTEs

\$1,604,930

Maternity Care Coordination

4.75 FTEs

\$283,811

Child Health

23.75 FTEs

\$1,476,635

Child Service Coordination

5.80 FTEs

\$289,571

Health and Wellness Trust

1.40 FTEs

\$93,908

School Health Assistants

2.50 FTEs

\$92,268

School Nurse Initiative

8.00 FTEs

\$454,343

School Nurse

9.00 FTEs

\$392,183

Dental Health

4.40 FTEs

\$405,207

Adult Health

5.60 FTEs

\$505,872

Bioterrorism

0.50 FTEs

\$60,237

Nurses/Family Planning

13.65 FTEs

\$915,303

Women, Infants, & Children (WIC)

13.50 FTEs

\$672,513

Public Health

Summary

	2007/08 Actual	2008/09 Current	2009/10 Requested	2009/10 Approved	Percent Change
Revenues					
Federal	\$77,527	\$72,405	\$54,013	\$54,013	-25%
State	1,383,666	1,370,513	1,215,204	1,182,807	-14%
Federal & State	572,294	604,926	660,013	660,013	9%
Local	529,104	961,396	871,874	776,447	-19%
Charges & Fees	6,537,025	7,053,785	7,187,220	7,094,379	1%
Miscellaneous	361,708	93,890	72,136	72,136	-23%
Special Contingency	0	275,000	275,000	275,000	0%
General Fund	2,024,534	1,864,860	1,829,157	1,875,267	1%
Total	\$11,486,017	\$12,296,775	\$12,164,617	\$11,990,062	-2%
Expenses					
Personal Services	\$7,692,711	\$8,410,331	\$8,378,924	\$8,262,824	-2%
Supplies & Operations	\$3,793,306	\$3,611,604	\$3,510,693	\$3,452,238	-4%
Capital	0	0	0	0	0%
Special Contingency	0	275,000	275,000	275,000	0%
Total	\$11,486,017	\$12,296,935	\$12,164,617	\$11,990,062	-2%
Expenses by Division					
Administration	\$847,732	\$1,171,102	\$1,174,875	\$1,166,912	-0.4%
Home Health	2,448,983	2,380,333	2,627,559	2,627,559	10%
Environmental Health	896,058	974,471	948,810	948,810	-3%
Maternal Health	1,874,958	1,960,897	1,888,741	1,888,741	-4%
Child Health	1,259,893	1,277,948	1,266,403	1,266,403	-1%
Adolescent Health	177,715	216,614	210,232	210,232	-3%
Child Service Coordination	270,034	354,226	350,214	289,571	-18%
Health & Wellness Trust	69,711	99,653	93,908	93,908	-6%
School Health Assistants	83,550	88,296	92,268	92,268	4%
School Nurse Fund Initiative	126,933	177,976	158,712	158,712	-11%
School Nurse	752,594	853,767	687,431	687,814	-19%
Dental Health	422,807	434,788	467,522	405,207	-7%
Adult Health	608,153	609,654	546,872	505,872	-17%
Bioterrorism	71,583	72,373	60,237	60,237	-17%
NAP-SACC Smart Start	13,095	38,050	0	0	-100%
Nurse/Family Planning	987,542	969,472	918,320	915,303	-6%
WIC	574,676	617,315	672,513	672,513	9%
Total	\$11,486,017	\$12,296,935	\$12,164,617	\$11,990,062	-2%
Employees					
Permanent	150.60	156.20	155.40	155.40	-1%
Hourly	9.37	8.27	2.67	2.67	-68%
Total	159.97	164.47	158.07	158.07	-4%

Budget Highlights

The Public Health Department's budget has decreased compared to its approved budget for Fiscal Year 2008/09. This decrease was partially due to State cuts to the Catawba County Public Health Department. In addition to State cuts, Public Health has seen a drop in its revenues in

certain operational areas. For example, in the last fiscal year, the Environmental Health area only collected 51% of its budgeted fees. This reduction was partly caused by a 15% decrease in well and septic tank inspections because of a slowdown in construction last year.

The following are the primary cuts within the Public Health Department budget:

- Smart Start – Dental Education Program – Due to the Public Health Department receiving less Smart Start funding, it has eliminated its Smart Start Dental Education Program along with its dental health educator position. The Early Childhood Support Team will pick up the duties of the Smart Start Dental Education Program.
- School Nurse Initiative and Department of Human Resource Teams and school nurse programs at Catawba Valley Medical Center, Catawba County Schools, Newton/Conover City Schools, and Hickory Public Schools have seen decreases in staff costs and subsequently operational costs because all area school nurses are slated to go from 100% work schedules to 90% schedules. In addition, due to funding cuts from Catawba County Schools, two nurse positions will be cut.
- Child service coordinator nurse position will be unfunded and will not be filled in the upcoming fiscal year
- Nurse position will not be funded and will not be filled in the upcoming fiscal year
- Nurse practitioner position will not be funded and will not be filled in the upcoming fiscal year
- The elimination of part-time funds for the Environmental Health area
- Reductions in the Nutrition and Physical Activity Self-Assessment for Child Care grant

While the Public Health Department has seen decreases in funding from the State and less revenues from certain operational areas, it has witnessed an increase in demand in many service areas because of the economic downturn. The following are some of the increases:

- Child Health client accounts for Medicaid have increased by 100%
- Home Health visits have increased by 20%
- Dental client accounts are up 18%
- The use of vouchers for the Women, Infants, and Children program are up 5%

ADMINISTRATION

Statement of Purpose

To manage and administer quality, cost effective, and customer driven public health programs and services to Catawba County residents.

Outcomes

1. Catawba County residents will receive high quality public health programs and services.
 - a. Catawba County Public Health (CCPH) will maintain compliance with all local, Federal, and State laws and regulations. Measurement Tool: Documented and periodical review of procedures related to Health Insurance Portability and Accountability (HIPAA), Limited English Proficiency (LEP), confidentiality, finance, program eligibility, fees, etc.
 - b. All service areas will have a quality assurance (QA) program and maintain an achievement rating above minimum standard. Measurement Tool: QA procedures and evidence of achievement ratings above minimum standards per individual program.
 - c. CCPH will develop systems and methods to remain compliant with State Accreditation standards in preparation for re-accreditation in 2012. Measurement Tool: Evidence of systems and tools to monitor compliance with Accreditation activities and evidence of periodic monitoring indicating compliance.
 - d. CCPH will utilize best or model practice methods, whenever possible, to deliver public health programs and services. Utilizing best/model practices allows organizations to benefit from the experiences of others, to learn what works, and to ensure that resources are used wisely on effective programs that have been implemented with good results. Measurement Tool: Summary of best practices utilized.
 - e. CCPH will be fiscally responsible by maximizing revenues, efficiently utilizing resources, and negotiating favorable contracts. Measurement Tool: Finance reports and examples of maximizing and efficiently utilizing resources as well as favorable contracts, as applicable.
2. CCPH programs, services, and staff will meet the expectations of its internal and external customers.
 - a. Annual surveys will maintain an average score of 95% Satisfied/Highly Satisfied. Staff is expected to maintain the highest possible customer services level despite decreases in patient resources. Measurement Tool: Annual survey results summary.

- b. Less than an average score of 95% will result in an action plan to improve service exceptions. Measurement Tool: Action plan and implementation of action plan.
- 3. Increase community awareness of CCPH vision, mission, and services and improve individual and community knowledge of the importance and impact of disease prevention and health promotion.
 - a. The annual marketing plan will include, at a minimum, two monthly education and marketing strategies (such as PSA, presentations, etc.). Strategies to inform the public about available services will be emphasized to ensure people needing services know how to access Public Health services. Measurement Tool: Documentation and evidence of educational and marketing strategies and number of people impacted.
 - b. CCPH State of the County Health Report (SOTCH) will be developed annually with community distribution. Measurement Tool: Documentation and evidence of distribution of report card to partners and community.
 - c. Health care providers will be kept informed of emerging public health issues via communication network (mailings, emails, blast faxes, etc.). Measurement Tool: Documentation and evidence of communication with health care providers.
 - d. A community health assessment (CHA) will be conducted every 4 years and the results will be distributed to the community (2007, 2011, 2015, etc). Measurement Tool: Documentation and evidence of CHA assessment and documented distribution of assessment to partners and community.
 - e. CCPH Annual Report will be completed and distributed each year. Measurement Tool: Documentation and evidence of distribution of annual report to partners and community.

HOME HEALTH

Statement of Purpose

Catawba County Home Health Agency (HHA) is a community based non-profit agency serving residents in Catawba and surrounding counties. HHA provides skilled nursing, physical therapy, speech therapy, and occupation therapy as well as home health aide and medical social work services to residents in their homes.

Outcomes

1. HHA clients in the Catawba Valley area will have access to and receive quality home health care regardless of their socio-economic status.
 - a. Home Health Outcome measures will consistently rank above the State average for improvement performance factors such as Home Health Quality Initiatives (HHQI), and Home Health Compare Outcome Measures (HHCOM) Reports from the Medicare website. Measurement Tool: Review HHQI and HHCOM reports bi-annually.
 - b. Referrals will increase by 5% annually. Referrals from July 2008 through December 2008 (634) were 15% above the preceding 6 months (538 for January 2008 through June 2008). A part-time staff position dedicated to marketing HHA services was added in March 2009. Measurement Tool: Compare year-to-year referral totals.
 - c. HHA will maintain or exceed 25% of the market share in Catawba County. In Fiscal Year 2007/008, HHA had a 26.4% market share among the 12 home health agencies servicing Catawba County. Due to the current economic situation, the number of self-pay and indigent care patients is increasing. For example, from July through December 2008 there were 207 self-pay and indigent patients while in January and February 2009 there have already been 109. Measurement Tool: Track and compare number of indigent patients served by HHA, payer mix patients annually, and total population in Catawba County served by HHA, based on State Market Share Report annually.

ENVIRONMENTAL HEALTH

Statement of Purpose

To provide education and enforcement of State and Local regulations regarding food sanitation, subsurface sewage disposal, and other environmental concerns to individuals and businesses in Catawba County.

Outcomes

1. Patrons of Catawba County food services facilities will eat high quality, safe, and wholesome meals.
 - a. Inspect a minimum of 100% of all food service establishments. State law requires a 100% inspection rate on food service establishments. Measurement Tool: Inspection rate.
 - b. Provide a minimum of four food service education and training workshops in proper food handling and sanitation. Measurement Tool: Educational log.
2. Technical assistance, consultation, and remediation through enforcement of Environmental Health statutes and laws will be used to resolve problems identified through Environmental Health complaints registered with our department.
 - a. Start investigation process on 90% of all Environmental Health complaints registered with our department within 48 hours after receiving the complaint, as required by North Carolina Accreditation through local Environmental Health procedures. Measurement Tool: Documentation of complaints received, investigation, and resolution.
3. To help ensure that the public's health is protected, inspections of subsurface wastewater disposal systems will be performed as governed by 15A NCAC 18A, .1961(j).
 - a. Achieving a 90% inspection rate for Public Management Entity (PME) systems placed into the inspection queue, where systems inspected in a month of a calendar year are selected by the month and year of their installation as required by the inspection frequencies defined in 15A NCAC 18A, .1961(j). Measurement Tool: Monthly compliance rate and quarterly review.

PRENATAL

Statement of Purpose

To provide comprehensive prenatal care and delivery services that will promote positive pregnancy outcomes utilizing a multi-disciplinary team (nurses, nurse practitioners, certified nurse midwives, OB/GYN physicians, Maternity Care Coordination (MCC) social workers, health educators, and nutritionists).

Outcomes

1. Ensure access to prenatal care for women with lower income through a multidisciplinary team in order to promote healthy pregnancies and healthy babies.
 - a. 60% of prenatal patients who receive care from Catawba County Public Health (CCPH) will enter into prenatal care within the first trimester to improve pregnancy outcomes by early identification of substance abuse, high-risk conditions, psychosocial, and economic needs. Appointments continue to be available within seven (7) days of request. Measurement Tool: HSIS State Reporting System and quarterly record audits.
 - b. The number of low birth weight babies (low birth weight is less than 2,500 grams or 5lbs. 8oz.) born to CCPH patients will be at or below the State average of low birth weight babies. For Fiscal Year 2006/07, the State average was 9.2% while Catawba County was at 9.0%. For Fiscal Year 2007/08, the State average was 9.1% while Catawba County was at 8.9%. Measurement Tool: Catawba Valley Medical Center delivery report and North Carolina Center for State Health Statistics.
 - c. The infant mortality rate (deaths under 1 year of age, per 1,000 live births) for Catawba County will be less than or equal to the North Carolina State infant mortality rate. The infant mortality rate is determined annually. The 2008 State of the County Health (SOTCH) Report noted the infant mortality rate, for the time period 2003-2007, for Catawba County as 6.9 and 8.4 for North Carolina. Measurement Tool: Annual SOTCH Report.
 - d. 80% of Public Health prenatal patients on Medicaid, which have identified risk factors, will receive case management services through the Maternity Care Coordination Program. Measurement Tool: Prenatal Intake Log.

CHILD HEALTH

Statement of Purpose

The Child Health Clinic at Catawba County Public Health (CCPH) exists to provide periodic wellness screenings for all children age 2 weeks to 18 years. Well child screenings promote physical, social, and emotional growth of children through early detection and referral of health problems, prevention of illness, and anticipatory guidance.

Outcomes

1. Ensure positive health outcomes for children eligible for CCPH child and adolescent services through the provision of well child screenings.
 - a. 175 children will receive comprehensive physical exams in CCPH Child Health Clinic. CCPH anticipates exceeding this outcome as 135 exams were done at mid-year for Fiscal Year 2008/09, in part as a result of the current economic situation. Measurement Tool: Monthly Activity Report.
 - b. 90% of children receiving health care services at CCPH will be age appropriately immunized by 24 months of age. Age appropriate immunizations are defined as documentation of 4 diphtheria, tetanus, and pertussis (DTP), 3 Polio, 1 measles, mumps and rubella (MMR), 3 Haemophilus influenzae type b (Hib), 1 Varicella, and 3 Hepatitis B shots by 24 months. State Agreement Addenda requires 90%; Catawba County achieved 95% for Fiscal Year 2007/08. Measurement Tool: State Annual Age Appropriate Immunization Rate Assessment.
 - c. 90% of child health and adolescent health clinics upcoming appointment lists will be reviewed weekly by a Health Check Coordinator for the following: Medicaid status, last health screening date, name of primary care provider in order to facilitate proper follow-up with other medical providers, and to ensure proper coding to maximize billing and eligibility efficiencies. Measurement Tool: Health Check Monthly Activity Report.

Early Childhood Support Team

Statement of Purpose

The Early Childhood Support Team (ECST) nurse provides health promotion/health prevention to identified ECST Child Care Centers, the children enrolled, and their families as a member of a multi-agency, multi-disciplinary team, including health education for children, center staff, and families, health consultation and staff development, dental screenings, assistance to families in locating and obtaining health resources, and identification and development of an individualized health plan for children with chronic illnesses.

Outcomes

2. Through a partnership between the Catawba County Partnership for Children, Family N.E.T., Catawba County child care centers, and CCPH, child care centers will implement best practice standards to ensure safe and healthy child care environments.
 - a. 75% of all childcare centers will achieve 100% compliance when audited by the Early Childhood Support Team (ECST) nursing staff during Immunization Audit Week. Measurement Tool: Monthly Activity Report and Immunization Audit Report.
 - b. 90% of child care centers working toward earning the Catawba County Child Care Health and Safety Credential will demonstrate improved health practices in hand washing and infectious disease control, as well as an increase in the number of health-focused contact training hours for staff. Measurement Tool: Monthly Activity Report.
 - c. 90% of centers that hold the Catawba County Child Care Health and Safety Credential will have successfully implemented an Emergency Preparedness Policy. Measurement Tool: Monthly Activity Report.
 - d. All child care centers will be offered Dental Education and screening for children in child care. Due to Smart Start funding reduction, Dental Health Educator position was abolished; therefore, ECST nurses will work to maintain dental services to child care centers. Measurement Tool: Monthly Activity Report.

School Health

Statement of Purpose

The School Health Program provides school site, direct health services, health education, consultation for faculty and staff, and health promotion/prevention for staff and students to promote maximum physical, social, emotional, and educational growth of children.

Outcomes

3. Public schools in Catawba County will support a culture that promotes the health and well-being of the students and its workforce.
 - a. 90% of schools will achieve one or more of the Coordinated School Health Program (CSHP) priority goals.
 - b. Established CSHP committees will establish annual priorities, develop goals, and implement strategies to achieve health improvements and/or assure a healthy school environment. Measurement Tools: School Health Index tool, annual goals/objectives for each school, and report of the activities/strategies being implemented and achieved.

4. Eliminate chronic health conditions as a barrier to achieving school success by competently and consistently managing these conditions at school through cooperation between the school staff, physician, parents, student, and school nurse by June 30, 2010.
 - a. 100% of all children with identified chronic health problems will have an Individualized Health Plan (IHP) developed, so the school staff can appropriately manage the child's medical condition safely at school by June 30, 2010. Measurement Tools: School Health Activity Report, school based case management tools, and quarterly audits.
 - b. 50% of students identified at risk for not achieving success on the End of Grade (EOG) and who receive school nurse intervention will score at or above grade level on the EOG by June 30, 2010. Measurement Tools: School Health Activity Report, school based case management tools, and quarterly audits.
 - c. Five students at each school, who meet program criteria for School Based Case Management (best practice program recommended by State Leaders that encompasses communications and facilitates care along a continuum, through effective resource collaboration and networking in the educational setting and the community. It is a collaborative practice which can include the student, parents, teachers, support staff, school psychologist, physician and other practitioners, and the community. Case management serves to improve attendance, behavior, educational outcomes, health outcomes and quality of life), will be case managed by her/his school nurse and will have documented improvement in individual goals developed through the Case Management program. Measurement Tools: School Health Activity Report, school based case management tools, and quarterly audits.
5. Identify and resolve health issues that affect the ability of students to attain optimal health status and achieve school success by ensuring age appropriate health screening, and follow-up by June 30, 2010.
 - a. 75% of all 5th graders will be screened for height, weight, and Body Mass Index (BMI) with 100% of students, whose BMI (BMI scores > the 85th percentile and < the 5th percentile) exceeds normal medical standards, referred for evaluation by June 30, 2010. Measurement Tools: School Health Activity Report and documentation on Student Health Card.
 - b. 90% of students identified for vision problems will receive appropriate vision care by June 30, 2010. Measurement Tools: School Health Activity Report and documentation on Student Health Card.
 - c. 98% of elementary students will be in compliance with state immunization requirements by June 30, 2010. Measurement Tools: Immunization Record review, School Health Activity Report, and documentation on Student Health Card.

- d. 75% of kindergartners will receive a dental screening by the State Dental Hygienist with 100 % of students who meet State referral criteria being referred for dental care by June 30, 2010. Measurement Tools: School Health Activity Report and documentation on Student Health Card.

ADOLESCENT HEALTH

Statement of Purpose

The adolescent health program provides adolescents and their families competent, developmentally relevant preventive and acute health services.

Outcomes

1. Through a partnership with Catawba Pediatrics Associates and Catawba County Public Health (CCPH), adolescents will receive comprehensive health services for early identification and treatment of health problems and health promotion/education.
 - a. 90% of patients receiving comprehensive physical exams will receive age appropriate screening, health guidance, problem identification, lab testing, treatment, medication, and/or follow-up/referral (school-linked site). Measurement Tool: Quarterly Medical Report Audit, number of patient physical exams completed with comprehensive components, and number of patients receiving physical exams.
 - b. 80% of patients will be immunized, per Advisory on Immunization Practices (ACIP) guidelines, at the time of receiving a complete physical exam (school-linked health center site). Measurement Tool: quarterly record audits for immunization status, number of patient records compliant, and number of patient records audited.
 - c. Enrolled students with Body Mass Index (BMI) $\geq 95^{\text{th}}$ percentile will have documentation of a plan of treatment in their medical record and documentation that the patient participated in two or more nutritional counseling sessions. Measurement Tool: Documentation of plan of treatment and nutritional counseling sessions and monthly clinical report.

CHILD SERVICE COORDINATION

Statement of Purpose

Child Service Coordination (CSC) is a case management program for high-risk children, birth to three years old that provides comprehensive assessments, screening, health/parenting/safety/education, and health referrals and follow-up. The overall goal of this program is early identification of medical and developmental problems so that the appropriate referrals and early interventions can be initiated and that these children can attain their optimal level of development. The CSC nurses also perform the Postpartum/Newborn Home Visit Assessment to new mothers and infants that are patients of the Catawba County Public Health (CCPH) Prenatal Clinic.

Outcomes

1. Children and families will have the opportunity and capability to reach their optimal level of achievement by being linked to and having access to community resources that meet their health, social, and developmental needs.
 - a. 90% of CSC clients between the ages of 12-15 months will have developmental screening performed, evaluated, and appropriate referrals made by the CSC in an effort to assure early identification and follow up of developmental delays. Measurement Tool: Monthly Activity Report.
 - b. 90% of all CSC enrolled children that are identified as out of compliance with the State immunization schedule will be up-to-date within 3 months of case management initiation. Measurement Tools: Monthly activity report and quarterly audit recorded on monthly activity sheet.
 - c. 25% of first time mothers and babies receiving a postpartum/newborn home visit will be referred to the CSC program for follow-up. Measurement Tools: Monthly activity report and quarterly audit recorded on monthly activity sheet.

DENTAL

Statement of Purpose

To improve the overall dental health of Catawba County children and increase the community's "dental IQ."

Outcomes

1. Income eligible Catawba County children will have access to comprehensive, preventive, and treatment dental services through Catawba County Public Health (CCPH) Dental Practice.
 - a. 10,000 preventive, diagnostic, and operative dental services will be performed to income eligible children ages 4 – 18 years. Measurement Tool: Computer report documenting dental services.
 - b. 2,000 preventive treatment modality sealants will be placed by Dental Practice staff to reduce the incidence of cavities in the permanent teeth of children. Measurement Tool: Number of patients and/or teeth on which sealants are placed.
 - c. Explore and develop a plan for increasing capacity of CCPH Dental Practice to provide dental services to children. Measurement Tool: Completed plan to expand CCPH Dental Practice capacity by September 2009.

COMMUNITY AND ADULT HEALTH

Statement of Purpose

Adult Health Programs exist at Catawba County Public Health (CCPH) to provide patients with screening exams for early detection of breast, cervical, and communicable diseases, provide methods and strategies for the prevention of unplanned pregnancy and diseases, and focus on the promotion of health and wellness through education on healthier lifestyle choices.

Outcomes

1. Income eligible patients will have access to and receive services that empower them with the knowledge to make informed decisions related to the prevention of pregnancy and the prevention and/or treatment of disease.
 - a. All patients will have access to Adult Health Services within two business days of a request to ensure patients receive relevant health information as well as preventive and treatment appointments when they are ready for and need the services. To insure appointment availability and in anticipation of increased demand due to current economic situation, additional contracts with medical providers has been established. Measurement Tool: Monthly Appointment Data and CMHC reports.
 - b. 90% of patients attending the Adult Health Clinic will receive health education on topics such as pre-conception health, smoking cessation, contraception, STD prevention, weight reduction, and nutrition. Measurement Tool: Quarterly record audits.
 - c. All women screened for breast and cervical cancer will be referred for treatment if they are found to have abnormal findings. *Susan G. Komen* and *Through Healing Eyes* grant funding is available to assist with referral services for eligible patients. Measurement Tools: Quarterly record audits and Adult Health Intake Log of abnormal results and referrals.
 - d. 75% of patients diagnosed with a sexually transmitted disease will receive treatment. Approximately 25% of patients do not receive treatment because treatment is refused by, patients do not return for treatment, or cannot be located. Appointments are available and will continue to be available daily despite the reduction of staff time that has occurred. Measurement Tools: Adult Health Intake Log of abnormal results and referrals.
2. In an effort to improve healthy behaviors for Catawba County citizens, Health Promotion staff will develop a Community Action Plan (CAP) according to North Carolina Health Promotion guidelines and achieve the objectives described in the CAP by June 30, 2009. Areas of focus include physical activity and nutrition.

- a. By June 30, 2010, two schools will adopt a healthy fundraising policy. This policy will promote and prescribe healthy alternatives for school fundraisers. Measurement Tool: Quarterly CAP progress report.
 - b. By June 30, 2010, two classes from two schools will adopt a healthy rewards, incentives, and school celebrations policy. This policy will educate, promote, and prescribe healthy alternatives for classroom rewards, incentives, and celebrations. Measurement Tool: Quarterly CAP progress report.
 - c. By June 30, 2010, three child care centers will adopt an Eat Smart Move More (ESMM) policy, which is based on a Statewide movement that promotes increased opportunities for healthy eating and physical activity, would be developed based on childcare center or church needs and priorities. Measurement Tool: Quarterly CAP progress report.
 - d. By June 30, 2010, three African-American churches will adopt an ESMM policy. Measurement Tool: Quarterly CAP progress report.
3. 90% of the action plan objectives for Catawba County Health Partners, Inc. (CCHP) will be met to ensure progress toward the long-term goal for each health priority. The three health priorities along with the long-term goals are as follows:
 - a. Access to Healthcare - By 2010, increase the number of primary care visits for people between the ages of 18-64 who are seen at free/reduced fee clinics by 30%.
 - b. Childhood Obesity - By 2010, decrease the number of overweight or obese children ages 2-18 by 10%.
 - c. Substance Abuse - Reduce the non-compliance rate of merchants selling alcohol to youth from 20% to 15% by 2011 as measured by North Carolina Alcohol Law Enforcement (ALE) compliance checks.
 - d. By 2012 reduce the percentage of students that report getting alcohol from siblings and/or friends from 24% to 19% as measured by the Pride Survey.
 - e. Cancer Task Force - Reduce prostate cancer among minority men over 40 and colorectal cancer for all populations over 50 by 10%.

Measurement Tool: Routine Action Plan progress reports.
4. CCHP will increase the access of low-income adults to dental care and physician prescribed pharmaceuticals through a partnership with the Greater Hickory Cooperative Christian Ministries (GHCCM).
 - a. 200 dental services will be provided to adults at GHCCM. Measurement Tool: Summary of invoices.
 - b. 135 prescription services will be provided at GHCCM to adults referred from CCHP. Measurement Tool: Summary of invoices.

5. CCPH will prevent the spread of communicable diseases by utilizing early detection, preventive vaccination, and treatment modalities.
 - a. 95% of all persons seeking immunizations for travel to a foreign country will receive the required vaccinations, as established by the Center for Disease Control (CDC) guidelines, within 1 week of request. Staff reductions have resulted in a decrease in availability of vaccinations from 5 days per week to 2 days per week. Measurement Tool: Foreign Travel Log.
 - b. 95% of all reportable suspected and confirmed cases of communicable disease will be investigated. The other 5% of cases will refuse investigation, move out of county, not return for treatment, or cannot be located. Measurement Tool: Communicable Disease Log.
 - c. An investigation will be initiated on 100% of suspected TB cases within 24 hours after the Health Department is notified. State Agreement Addenda requires 100%. Measurement Tool: Tuberculosis Log and patient chart.

BIOTERRORISM PREPAREDNESS AND RESPONSE

Statement of Purpose

Develop Public Health disease surveillance infrastructure to ensure Catawba County Public Health (CCPH) is prepared to prevent, mitigate, and/or respond to disease outbreaks and biological threats to our community.

Outcomes

1. CCPH is prepared to respond competently to Public Health threats.
 - a. CCPH staff and Epidemiology Team (Epi Team) will participate in at least one preparedness exercise annually. Measurement Tool: Workforce Development logs/spreadsheets.
 - b. 96% of CCPH staff will complete required preparedness training. The State required 75% staff compliance. Measurement Tool: Workforce Development logs/spreadsheets.
 - c. CCPH staff will have access to workforce development opportunities beyond the required preparedness training, including topics such as cultural diversity, carbon footprint, foodborne illnesses, and preparedness. More local qualified presenters and online trainings are being encouraged and utilized to meet this outcome due to State and local travel constraints. Measurement Tool: Workforce Development calendar.
2. The community will understand how to prepare, what actions to take, and how to access CCPH as a resource during a disaster or Public Health event.
 - a. Create and distribute public messages to the community (presentations, web pages, print ads, etc.) through news outlets, website, Community Alert System (CAS), etc. Measurement Tool: Documentation of messages and methods of distribution.
 - b. Create a common message in cooperation with Emergency Services Communications Committee and/or the Local Health Information Team (LHIT). LHIT includes representation from Healthy Carolinians, counties, and municipalities that work together to provide messages related to health emergencies and events. Working together decreases duplication and encourages sharing resources. Measurement Tool: Documentation of messages and methods of distribution.
3. Key community partners will engage with CCPH to plan for biological or public health related threats, develop preparedness plans, and respond to Public Health emergencies.

- a. Ensure community input into all preparedness plans by facilitating active multi-hazard/Strategic National Stockpile (SNS) teams and subcommittees. Measurement Tool: Evidence of committee input and planning.
- b. All State required public health preparedness plans completed on or before deadline. Measurement Tool: Existence of approved preparedness plans within required timeframe.
- c. Lead the development of a Special Medical Needs Sheltering seamless plan and strategies. Measurement Tool: Development of special medical needs shelter plan.

WOMEN, INFANTS, AND CHILDREN (WIC)

Statement of Purpose

To provide nutrition education and supplemental foods to eligible women, infants, and children (WIC) of Catawba County. State data proves that WIC lowers infant mortality by 25% to 66% among Medicaid beneficiaries who participated in WIC as compared to Medicaid beneficiaries who did not participate in WIC and saves public health dollars in North Carolina (every WIC dollar spent on a pregnant woman saves \$3.13 in Medicaid cost during the first 60 days of an infant's life).

Outcomes

1. Improve pregnancy outcomes by reducing obesity in women and children and maximize the growth and development of infants and children through improved nutritional status.
 - a. Maintain active participation in the WIC Program, at a minimum of 97% of the base caseload. Base caseload, the State required patient count per month, is determined by a formula based on active participation and projected growth in participants. Fiscal Year 2006/07 State mandated caseload was 3,489; Catawba County had an active participation averaging 3,727. Fiscal Year 2007/08 State mandated caseload was 3,704; Catawba County had an active participation averaging 4,023. Catawba County WIC Program continues to exceed State mandated caseload numbers and anticipates continuing to serve an even greater number of participants due to the current economic situation. Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.
 - b. Audit WIC approved food vendors in Catawba County annually, per State requirements, to ensure that nutritious foods/nutritional products are readily available and appropriate food vendors are approved for Catawba County. Catawba County currently has 30 approved WIC vendors. Base caseload has been increased by the State WIC program three times between July 2008 and December 2008, indicating substantial growth in WIC participants. Staff time for vendor audits is limited; however, staff will attempt to meet this outcome by making some audit visits in the evenings and over weekends. Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.
 - c. Steadily increase the percentage of women enrolled in WIC who initiate breastfeeding to achieve the State goal of 75%. In December 2008, 55.3% of WIC women initiated breastfeeding; the Statewide average was 52.3%. Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.

- d. Increase percentage of pregnant women served by Catawba County Public Health (CCPH) WIC who received program services during the first trimester of pregnancy to equal or exceed the State percentage. (The 2007 percentage of CCPH WIC program was 23.5% and for North Carolina it was 28.7 %.) Measurement Tools: State WIC Report #NA515-1, Vendor Report, State WIC Report #NAA483-4, and Agreement Addenda.